



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
301 W. HIGH ST., P.O. BOX 200
JEFFERSON CITY, MO 65105-0200

STATEMENT OF VEHICLE TAKEN WITHOUT PERMISSION

FORM

1500

(REV. 6-2006)

TELEPHONE (573) 751-7195
FAX (573) 526-7365

CASE NUMBER

THE FOLLOWING REGISTERED OWNER(S) _____
OF A _____ (VEHICLE YEAR, MAKE, MODEL) _____
HEREBY STATES THAT THIS AUTOMOBILE WAS TAKEN AND
A.M.
DRIVEN ON _____ (MONTH, DAY, YEAR) _____, _____ P.M. WITHOUT MY (OUR) PERMISSION, EITHER WRITTEN OR
ORAL. THE OWNER(S) DENIES ANY RESPONSIBILITY FOR THE ACCIDENT INVOLVING THIS AUTOMOBILE ON
_____ (MONTH, DAY, YEAR) AT OR NEAR _____, MISSOURI.

I STATE THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DRIVER LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

MO 860-0444 (6-2006)



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